Income levels/Federal Poverty Levels and Resources

Program Standards, Federal Poverty Levels (FPL), and Maximum Income (Unless otherwise noted figures are effective 1/1/19)

Figures listed are representative of dollar amounts

Income Limits for MAGI Based Programs and Transitional Medical Assistance (TMA)

F P L	23%	51%	58%	194%	185%	162%	145%	133%	197%	213%
HH SIZE	SAGA	FORMER WARD/ IMD	PARENT/ CARETAKER RELATIVE	PREGNAT WOMEN	TMA	NEWBORN TO AGE 1	CHILDREN AGES 1-5	CHILDREN AGES 6-18	599 CHIP	СНІР
1	240	531	604	2,020	1,926	1,686	1,510	1,385	2,051	2,217
2	325	719	818	2,735	2,609	2,284	2,045	1,875	2,778	3,003
3	409	907	1,031	3,449	3,289	2,880	2,578	2,365	3,503	3,787
4	494	1,094	1,245	4,163	3,970	3,477	3,112	2,854	4,228	4,571
5	579	1,283	1,459	4,879	4,653	4,074	3,647	3,345	4,955	5,357
6	663	1,470	1,672	5,593	5,334	4,670	4,180	3,834	5,680	6,141
7	748	1,658	1,886	6,307	6,014	5,267	4,714	4,324	6,404	6,925
8	833	1,846	2,100	7,023	6,697	5,864	5,249	4,815	7,131	7,711
9	918	2,034	2,313	7,737	7,378	6,461	5,783	5,304	7,856	8,494
10	1,002	2,222	2,526	8,451	8,059	7,057	6,316	5,793	8,581	9,278

Resource and Income Limits for Aged, Blind and Disabled Programs

Income Limits for Medicaid Insurance for Workers with Disabilities (MIWD) and MIWD With Premium

FPL	200%	250%
Ŧ	MIWD	MIWD PREMIUM
1	2,082	2,603
2	2,819	3,523

Medically Needy, ABD/OMB, MSP/QMB and ABD/QMB Income Limits

FPL	-	100%		
H SZE MNIL MA		ABD/OMB MSP/QMB		
1	392	1,041		
2	392	1,410		
3	492	1,778		
4	584	2,146		
5	675	2,515		
6	775	2,883		
7	867	3,251		
8	967	3,620		
9	1,059	3,988		
10	1,150	4,356		
	+91			

Medicare Savings Program (MSP), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individal (QI) Income Limits

FPL	120%	135%	
Ŧ	SLMB	QI-1	
1 1,249		1,406	
2	1,691	1,903	

Eligibility for the payment of the Part B by the State for QMB is effective the first of the month following the month that initial eligibility determination is processed. For example, if you determine an individual meets all eligibility requirements for QMB status on August 15th, the effective date of eligibility for payment of premiums, deductibles, and co-insurance is September 1. However, in no case are benefits effective prior to January 1, 1989, which is the effective date of this provision. Retroactive eligibility is precluded under this provision.

QI's cannot be otherwise eligible for any other Medicaid category. The individual must choose either medically needy/SOC or QI. Retroactive eligibility (up to 3 months prior to application) applies if:

- 1. The individual met all QI eligibility criteria in the retroactive period; and
- 2. The retroactive period is no earlier than January 1 of that calendar year.

QIs are eligible if their incomes are at least 120% of the FPL, but less than 135% of the FPL

*For QMB's with a household larger than 2, follow the 100% FPL chart for the households income guideline.

Resource Limits

SIZE	RESOURCE LIMITS			
HH SI	AABD/MA	MSP/QMB SLMB/QI-1		
1	4,000	7,730		
2	6,000	11,600		
	Dependent Adult Child (DAC)	Maximum for Burial Trust		
1	2,000	5,212		

Spousal Impoverishment

SPOUSAL IMPOVERISHMENT				
Reserved Amount	Reserved Amount MIN			
(IM-73)	MAX	126,420		
Community Spouse 150%	FPL	2,058		
*Effective 7/1/2019		* 2,114		
Excess Shelter Limit	618			
*Effective	7/1/2019	*635		
Utility Standard	481			
Max Maintenance Allowa Ineligible Spouse	nce for	3,161		

Facility Standard of Need

FACILITY STANDARDS						
NURSING HOME	SON	Vets Personal Needs				
NORSING HOME	\$60	\$90 (Excl.)				
ASSISTED LIVING	SON	\$707 R&B				
WAIVER	\$771	+ \$64 Personal Needs				
ASSISTED LIVING	SON	\$392 MNIL				
(NO WAIVER)	\$392*	+ \$821 Remedial Care				

Social Security Income (SSI)

ш	SSI LEVELS			
HH SIZE	Federal Benefit Rate (FBR)	Referral Level		
1	771	791		
2	1,157	1,177		

Medicare Premium

Standard Medicare Part B Premium for 2019	Standard Medicare Part B Premium for dual eligible 2019	
109 - 135.50	135.50	

The \$135.50 premium amount is assessed for those newly enrolled in part B in 2019, not receiving social security, being directly billed for Part B, having Part B paid by Medicaid, and whose modified adjusted gross income on IRS tax return from 2 years ago is below a certain amount.

Social Security can tell the exact amount the individual is responsible for. See Medicare for more information on Part B costs at: <a href="https://www.medicare.gov/your-medicare-costs/part-b-costs/pa

Other Limits

OTHER LIMITS
Shelter
Allowance
281
349

<u>Premium Charts for Medical Insurance for Workers with Disabilities (MIWD) and Transitional Medical Assistance (TMA)</u>

MIWD Premium Payment Chart

One

Income Range	Monthly Premium
\$ 1,041 - \$ 2,081	\$ -
\$ 2,082 - \$ 2,185	\$ 43
\$ 2,186 - \$ 2,289	\$ 90
\$ 2,290 - \$ 2,393	\$ 141
\$ 2,394 - \$ 2,497	\$ 196
\$ 2,498 - \$ 2,602	\$ 255

Two

Inc	Income Range				Monthly Premium		
\$	1,409 -	\$	2,817		\$	-	
\$	2,818 -	\$	2,958		\$	58	
\$	2,959 -	\$	3,099		\$	121	
\$	3,100 -	\$	3,240		\$	190	
\$	3,241 -	\$	3,381		\$	265	
\$	3,382 -	\$	3,523		\$	345	

Premium Payment Process:

Medicaid Insurance for Workers with Disabilities will work much like TMA Premium Payments. The client must pay the full premium to the worker no later than the 21st of the month following the month for which the payment is designated.

TMA Premium Payment Chart

NEBRASKA HEALTH AND HUMAN SERVICES TRANSITIONAL MEDICAL ASSISTANCE (TMA) PREMIUM FEE SCHEDULE

FAMILY SIZE 1	FAMILY SIZE 2	FAMILY SIZE 3	FAMILY SIZE 4	FAMILY SIZE 5	FAMILY SIZE 6	FAMILY SIZE 7	FAMILY SIZE 8+
ADJUSTED MONTHLY EARNED INCOME Fee							
1041 - 1092.99 31	1409 - 1479.99 42	1778 - 1865.99 53	2146 - 2252.99 64	2514 - 2639.99 75	2883 - 3026.99 86	3251 - 3412.99 98	3619 - 3799.99 109
1093 - 1144.99 33	1480 - 1549.99 44	1886 - 1954.99 56	2253 - 2359.99 68	2640 - 2765.99 79	3027 - 3170.99 91	3413 - 3575.99 102	3800 - 3980.99 114
1145 - 1198.99 34	1550 - 1620.99 47	1955 - 2043.99 59	2380 - 2487.99 71	2766 - 2890.99 83	3171 - 3314.99 95	3576 - 3737.99 107	3981 - 4161.99 119
1197 - 1248.99 38	1621 - 1690.99 49	2044 - 2132.99 61	2468 - 2574.99 74	2891 - 3016.99 87	3315 - 3458.99 99	3738 - 3900.99 112	4162 - 4342.99 125
1249 - 1300.99 37	1691 - 1760.99 51	2133 - 2221.99 64	2575 - 2681.99 77	3017 - 3142.99 91	3459 - 3802.99 104	3901 - 4063.99 117	4343 - 4523.99 130
1301 - 1352.99 39	1761 - 1831.99 53	2222 - 2310.99 67	2682 - 2789.99 80	3143 - 3267.99 94	3603 - 3746.99 108	4064 - 4225.99 122	4524 - 4704.99 138
1353 - 1404.99 41	1832 - 1901.99 55	2311 - 2399.99 69	2790 - 2896.99 84	3268 - 3393.99 98	3747 - 3890.99 112	4226 - 4388.99 127	4705 - 4885.99 141
1405 - 1458.99 42	1902 - 1972.99 57	2400 - 2488.99 72	2897 - 3003.99 87	3394 - 3519.99 102	3891 - 4035.99 117	4389 - 4550.99 132	4886 - 5066.99 147
1457 - 1508.99 44	1973 - 2042.99 59	2489 - 2576.99 75	3004 - 3110.99 90	3520 - 3645.99 106	4038 - 4179.99 121	4551 - 4713.99 137	5087 - 5247.99 152
1509 - 1560.99 45	2043 - 2113.99 61	2577 - 2665.99 77	3111 - 3218.99 93	3646 - 3770.99 109	4180 - 4323.99 125	4714 - 4875.99 141	5248 - 5428.99 157
1561 - 1612.99 47	2114 - 2183.99 63	2666 - 2754.99 80	3219 - 3325.99 97	3771 - 3896.99 113	4324 - 4487.99 130	4876 - 5038.99 146	5429 - 5609.99 163
1613 - 1664.99 48	2184 - 2254.99 66	2755 - 2843.99 83	3326 - 3432.99 100	3897 - 4022.99 117	4468 - 4611.99 134	5039 - 5200.99 151	5610 - 5790.99 168
1665 - 1716.99 50	2255 - 2324.99 68	2844 - 2932.99 85	3433 - 3540.99 103	4023 - 4147.99 121	4612 - 4755.99 138	5201 - 5363.99 156	5791 - 5971.99 174
1717 - 1768.99 52	2325 - 2395.99 70	2933 - 3021.99 88	3541 - 3847.99 108	4148 - 4273.99 124	4758 - 4899.99 143	5364 - 5525.99 161	5972 - 6152.99 179
1			3648 - 3754.99 109	1			6153 - 6333.99 185
1821 - 1873.99 55	2466 - 2536.99 74	3111 - 3199.99 93	3755 - 3862.99 113	4400 - 4525.99 132	5044 - 5188.99 151	5689 - 5851.99 171	6334 - 6514.99 190
1874 - 1926.00 58	2537 - 2607.00 76	3200 - 3288.00 96	3883 - 3970.00 116	4526 - 4651.00 136	5189 - 5333.00 158	5852 - 6014.00 176	6515 - 6695.00 195